Independent Citizens Redistricting Commission
Application Review and Quality Control Sheet

Applicant Name: _Laura Marie Burns_

Date Received: _2/22/13_ **Applicant Number:** _10392_

Recommended Applicant Pool Status:

☑ Included ☐ Removed

Final Applicant Pool Status:

☑ Included ☐ Removed

REQUIREMENTS:

1. **Was the application received before the submission deadline?** ☑ Yes ☐ No

   If NO, list time/date application was received: _____

2. **Is the application complete?** ☑ Yes ☐ No
   If NO, list the item(s) that need to be completed:

3. **Indicate how the applicant responded to the following questions:**

   A. **Student enrolled in a college/university in the City of Austin?** ☐ Yes ☑ No
   If YES, consider I and ii only; If NO, consider I, ii, iii, and iv:

   i. **Reside in the City of Austin?** ☑ Yes ☐ No

   ii. **Registered to vote in the City of Austin?** ☑ Yes ☐ No

   iii. **Continuously registered to vote in the City of Austin?** ☑ Yes ☐ No

   iv. **Voted in 3 of the last 5 City of Austin general elections?** ☑ Yes ☐ No

   ❖ **Follow-up needed related to REQUIREMENTS?** ☐ Yes ☑ No
   If YES, identify issue(s) addressed and disposition:

CONFLICTS OF INTEREST:

4. **Did the applicant respond "Yes" to any conflict of interest questions?**   ☐ Yes ☒ No

     IF YES, indicate which question(s):

❖ **Follow-up needed related to CONFLICTS OF INTEREST?**   ☐ Yes ☒ No

     IF YES, identify issue(s) addressed and disposition:

CONSISTENCY:

5. **Are applicant answers consistent?**   ☒ Yes ☐ No

     IF NO, indicate which answer(s):

❖ **Follow-up needed related to CONSISTENCY?**   ☐ Yes ☒ No

     IF YES, identify issue(s) addressed and disposition:

Application Reviewed By: BL	*Review Date:* 2/25/13
Quality Control Review By:	*QC Review Date:* 2/27/13
Follow-up Contact(s) Reviewed By: N/A	*Date:*